

**Coronavirus 2019 (COVID-19):
Visitation Requirements for Skilled Nursing Facilities and Assisted Living
Residences**

This document provides requirements for visitation in skilled nursing facilities and assisted living residences in the District of Columbia based on CMS guidelines ([cms.gov/files/document/gso-20-39-nh-revised.pdf](https://www.cms.gov/files/document/gso-20-39-nh-revised.pdf)). The following measures should be taken to reduce the risk of COVID-19 transmission when visitation occurs.

General Guidelines for All Visitation

- Visitors must comply with mask and social distancing requirements.
 - Children under the age of 18 must always be accompanied by a guardian and must be able to comply with face covering and social distancing requirements.
- Visitors during a given visit, must not be allowed to remain on-site and visit multiple residents.
- Visitors must not be allowed to congregate in an area of the facility that is not designated for visitation.
- Measures must be in place to manage visitor traffic and minimize face-to-face passing.
- When possible, designate specific entrance and exits for visitors that supports unidirectional flow.
- Facilities are recommended to have visitors schedule an appointment for the visit to ensure the facility can safely accommodate the number of people and have enough staff to ensure safety precautions are monitored and enforced. **Continuous monitoring is not required unless indicated for resident safety.**
- Facilities should maintain a 14-day supply of all personal protective equipment (PPE) that would be necessary to respond to an outbreak, without dependence on or public health stockpiles.
- Post clear signage if the facility is undergoing an active outbreak investigation; signage must be clearly posted in the following places:
 - At all entrances, including screening area,
 - In the visitation area (for indoor visitation spaces),
 - Anywhere else deemed appropriate by DC Health staff.
- Greet visitors at a designated area at the entrance of the facility where a staff member must:
 - Screen all visitors and service providers.
 - Screen for fever and symptoms of COVID-19 infection.
 - **Visitors who have symptoms or known close contact with a COVID-19 positive person within the last 14 days may not enter the facility, regardless of their vaccination status or personal history of COVID-19 infection.**
 - Visitors must not be under quarantine or awaiting test results after non-essential travel to a high-risk area as defined outlined in DC Health's travel guidance.
 - For full guidance on **Screening in a Healthcare Setting**, **Screening Tool Guidance**, and **Guidance for Travel**, visit coronavirus.dc.gov/healthguidance.
 - Ensure the visitor has a face mask or cloth covering that does not have an exhalation valve, and ensure the mask covers the visitor's nose and mouth.
- Guidelines for physical contact between visitors and the resident are outlined in subsequent sections of this document. If physical contact between visitors and the resident

occurs, staff should educate the residents and visitors on proper hand hygiene and ensure appropriate supplies are available so that:

- The resident knows to perform hand hygiene immediately before and immediately after touching the visitor;
- The visitors know to properly perform hand hygiene immediately before and immediately after touching the resident.
- Collect and document visitors' full names, phone number, full home address, email, name and room number of the person they are visiting and maintain records for 30 days to assist with contact tracing.
 - Facility must be able to provide this information to DC Health within 12 hours of it being requested.
- Staff must escort the visitor to the designated visitation area.
 - Visitors are not allowed into any other part of the facility.
- Deny entry to visitors or service providers who do not pass screening or who refuse to comply with any of the requirements.
- Facilities must provide their visitation policy to DC Health upon request within 24 hours.
- Gatherings are permitted provided face mask and physical distancing requirements based on the vaccine status of the resident and the visitors are followed (see sections below).
 - Number of individuals allowed at a gathering are contingent upon the area to accommodate the necessary social distancing requirements.
 - Social distance must be maintained and face masks must be worn if residents and visitors present are not fully vaccinated¹.

Residents who meet the following criteria must not participate in visitation:

- Currently isolated due to COVID-19
- Currently quarantined because of exposure to or exhibiting symptoms consistent with COVID-19

Considerations for visits to fully vaccinated¹ residents (who are not immunocompromised²)

The following apply for visitors of fully vaccinated residents only.

- Visitors who want to remove their masks or have close contact during visitation must have the ability to verify their vaccination status to the facility (e.g. present a vaccination card, be able to verbally provide the exact date(s) and type of vaccination, have a doctor's note, etc).
- If the visitors are also fully vaccinated, during the visit (indoor or outdoor), residents and their visitor(s) can choose to have close contact (including touch) and to not wear face masks.
 - Visitors must wear face masks for source control and maintain physical distance of 6 feet from other healthcare personnel.
- If any visitor is not fully vaccinated or has an unverified vaccination status, during the visit (indoor or outdoor), residents and their visitor(s) can choose to have close contact (including touch) but must wear face masks.
 - Residents can choose to have close contact, but maintaining physical distance of 6 feet remains the safest option.
 - Visitors must wear face masks for source control and maintain physical distance of 6

¹ **Fully Vaccinated:** An individual is considered fully vaccinated 14 days after completion of a COVID-19 vaccination series (after the second dose of a 2-dose series, or after one dose of a single-dose vaccine).

² **Examples of such immunocompromising conditions** likely include, but might not be limited to, receiving chemotherapy for cancer, hematologic malignancies, being within one year from receiving a hematopoietic stem cell or solid organ transplant, untreated HIV infection with CD4 T lymphocyte count < 200, combined primary immunodeficiency disorder, and taking immunosuppressive medications (e.g., drugs to suppress rejection of transplanted organs or to treat rheumatologic conditions such as mycophenolate and rituximab, receipt of prednisone >20mg/day for more than 14 days.)

feet from other residents with the exception of facility-approved gatherings that take into account vaccination status (see content below)

- Participation in gatherings (including meals) with other residents and families can occur with the following considerations:
 - If all participants are also verified to be fully vaccinated, then face masks for source control physical distancing are not needed.
 - If any participants are unvaccinated or have an unverified vaccination status, then all participants must wear face masks for source control maintain six feet of physical distancing. If the activity includes a meal, face masks must be worn while not actively eating or drinking.

Considerations for visits to unvaccinated, partially vaccinated, and immunocompromised residents

- Participation in visitation and gatherings (indoor or outdoor) can occur if residents and their visitors:
 - Wear well-fitting face masks.
 - Maintain 6 feet of social distancing.
- Meals with an unvaccinated/partially vaccinated or vaccinated immunocompromised resident and their visitor(s) can occur if:
 - The visitor(s) wear face masks for source control when not actively eating/drinking.
 - The visitor(s) remain at least 6 feet from the resident.
 - Other unvaccinated/partially vaccinated or vaccinated immunocompromised residents from the facility are not present.
- Outdoor is preferred over indoor.

Safe Outdoor Visitation

- Policies are written to address:
 - The appropriate number of visitors per resident and per designated space,
 - Scheduling of visitors in advance to avoid excessive congregation in the designated space,
 - Education of appropriate hand hygiene practices for visitors,
 - Use of alcohol-based-hand-rub before and after the visit and as needed.
 - Temperature checks and screenings,
 - Right to revoke, cancel or deny a scheduled visitation.
 - A process for visitors to notify the facility if they develop fever or symptoms consistent with COVID-19 within 14 days of visiting the facility.
 - Appropriate masking/cloth face covering for visitors and residents.
 - Ability to practice 6 feet of social distancing (at least 6 feet between residents and visitors, when needed AND at least 6 feet between different resident-visitor groups).
 - Ample opportunities for hand hygiene (residents and visitors).
 - Robust cleaning and disinfection of outdoor visitation area, as applicable.

Safe Indoor Visitation

- Outdoor visitation is still preferred over indoor when possible.
- Unvaccinated residents must **not** be allowed indoor visitation if $\leq 70\%$ of facility residents are fully vaccinated (≥ 2 weeks following receipt of the second dose in a 2-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine) **AND** if the DC positivity rate is $>10\%$.
- Facilities that have a single case of COVID-19 in staff or residents must be approved by the DC Health COVID-19 Healthcare Facility Teams to start/continue indoor visitation. The following criteria must be met, at minimum:
 - Controlled transmission of COVID-19 within the facility (see 'Visitation

during outbreaks' section below).

Prior to Initiating Indoor Visitation

- Notify resident families that indoor visitation is occurring in the facility. The notification should include:
 - Precautions being taken to keep residents safe.
 - Expectations and requirements for visits. Minimally, the notification should include:
 - A description of the symptom screening process.
 - All terms of indoor and outdoor visitation, including mask and social distancing requirements, vaccination status, how to summon staff if needed, and what will cause a visitor to be denied entry.
 - Steps visitors must take before, upon arrival, and during their visit.
 - Terms for physical contact between visitors and resident.
 - The possibility that visitors might be entering a facility when there is an active outbreak occurring.
- Ensure the facility is meeting requirements for resident vaccination coverage if the community positivity rate is >10%.
 - Vaccination coverage among residents must be documented through the DC Health SNF/ALR Vaccination Survey.
- Visitors must not be required to be vaccinated; visitors should be strongly encouraged to be fully vaccinated (≥2 weeks following receipt of the second dose in a 2-dose series, or ≥2 weeks following receipt of one dose of a single-dose vaccine) prior to their visit.
 - Visitors who want to remove their masks or have close contact during visitation should have the ability to verify their vaccination status with the facility (e.g. present a vaccination card, be able to verbally provide the exact date(s) and type of vaccination, have a doctor's note, etc.
 - Facilities are encouraged to maintain a log of routine visitors' vaccination status
- Visitors must not be required to be tested prior to the visit; facilities can encourage visitors get tested prior to their visit.
- Please note that tents with more than 1 sidewalls are considered indoors.

During Indoor Visitation

- Visitors must comply with appropriate cloth face coverings or masks and social distancing requirements during the entire visit, as per consideration sections above (page 2 and 3).
- Visitors must be limited to the area where visitation is designated.
- Visitors must only visit the resident they intend to visit at the designated visitation location.
- Residents are strongly recommended to wear cloth face coverings or face masks at all times during the visit, including the transition to and from the indoor visitation location.
- Limit indoor visitation to areas that allow for appropriate social distancing. Use of a designated space is preferred as a site for visitation.
 - The space must have proper ventilation (open windows, etc.).
 - The space must be reserved for the residents and their designated visitors only.
 - There must be specified entries, exits, and pathways to the dedicated space that minimizes exposure to other residents.
 - The number of visitors allowed must not exceed the capacity of the space to accommodate social distancing requirements.
 - The visitation area must only be used by the facility designated group of visitors and resident(s) at a given time (see consideration sections on page 2 and 3).
 - Activity areas commonly used by residents (e.g., dining rooms) are not recommended to be used for visitation unless there are no other options.
- Facilities should attempt to enable in-room visitation while adhering to the core principles of

COVID-19 infection prevention.

- Visits for residents who share a room should not be conducted in the resident's room with the other resident physically present, if possible.
- Visits for residents with a roommate who also has a health condition which prevents them from leaving the room, must still be allowed.
- If visitation occurs in a resident's room:
 - The resident must have given expressed permission.
 - Visitors must not sit or lay on the resident's bed.
 - Visitors must treat each roommate as having a separate zone.
 - Visitors must not enter the roommate's zone except as required for entry or exit of the room.
 - Privacy curtains must be drawn to limit direct contact.
 - Visitors must not use resident facilities, including restrooms. They should instead be directed to restrooms that are not used by residents.
 - Cleaning and disinfection of the room should occur immediately after the visit is completed.

Considerations for Visitors

- Visitors must wear cloth face coverings or masks during the entire visit and maintain 6 feet from the resident, unless the resident is fully vaccinated (see consideration sections above)
- Visitors must be limited to the area where visitation is designated.
- Visitors must wear cloth face coverings or masks and maintain 6 feet of social distance if they participate in any group activities.
- Visitors may participate in meals if they and the resident they are visiting are fully vaccinated (see considerations sections on page 2 and 3)

Guidelines for After Indoor or Outdoor Visitation

- Have the visitor and resident clean their hands with alcohol-based hand sanitizer upon exiting the facility.
- The space designated for visitation must be cleaned and disinfected between visitors.
- The facility must clean and disinfect high touch surfaces (e.g., light switches, elevator buttons, door handles) in the facility at least once a shift.
- No other residents should be allowed in the indoor visitation area until visitations are completed and the area is cleaned and disinfected.

Notification of a COVID-19 Exposure

- The facility must provide all visitors with contact information and additional instructions for notifying the facility should they test positive for COVID-19 within 14 days of their visit.
- Facility staff must notify visitors of outbreaks on the unit where the resident resides, should such an event occur within 14 days of a visit, and recommend the visitor(s) seek testing.

Visitation During Outbreaks

- When a new case of COVID-19 among residents or staff is identified, the facility must immediately begin outbreak testing, implement DC Health recommendations, and suspend all visitation (except that required for compassionate care, essential personnel, and under federal disability rights law), until at least one round of facility-wide testing is completed.
- Visitation can resume based on the following criteria:
 - If the first round of outbreak testing reveals no additional COVID-19 cases in other areas (e.g., units) of the facility, then visitation can resume for residents in areas/units with no COVID-19 cases. However, the facility must suspend visitation on the affected unit until the facility meets the criteria to discontinue outbreak testing.

- For example, if the first round of outbreak testing reveals two more COVID-19 cases in the same unit as the original case, but not in other units, visitation can resume for residents in areas/units with no COVID-19 cases.
 - If the first round of outbreak testing reveals one or more additional COVID-19 cases in other areas/units of the facility (e.g., new cases in two or more units), then facilities should suspend visitation for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing.
- If subsequent rounds of outbreak testing identify one or more additional COVID-19 cases in other areas/units of the facility, then the facility must suspend visitation for all residents (vaccinated and unvaccinated), until
 - The facility has undergone at least two rounds of facility-wide surveillance testing in residents and staff (spaced 3-7 days apart) for 14 consecutive days AND identified no additional cases in staff and residents.
- Areas undergoing outbreaks (units, floors, etc) must have clear and appropriate signage and other markers (e.g. closed doors, floor markings, etc) to ensure visitors do not inadvertently enter the outbreak area.

The guidelines above will continue to be updated as the outbreak evolves. Please visit coronavirus.dc.gov regularly for the most current information.